



Sangamon County Building & Zoning
SIGN APPLICATION
Room 213, 200 S. Ninth Street, Springfield, IL 62701
(217) 753-6760 or zoning@sangamonil.gov

FOR OFFICE USE ONLY

PERMIT#: _____

PARCEL#: _____

ZONING: _____

OWNER INFORMATION

Owner Name: _____

Owner Address/Zip: _____

Phone#: _____

Email: _____

CONTRACTOR INFORMATION

Name: _____

Address/Zip: _____

Phone#: _____

Email: _____

SIGN INFORMATION

Project Address/Zip: _____

1. Will existing signs be removed? Yes ☐ No ☐

If yes, please explain: _____

2. Is the proposed sign location in/on state highway, easement or right-of-way? If yes, please explain: _____

3. Is the sign on a corner lot? Yes ☐ No ☐

4. Is the sign in direct line with a traffic control signal? Yes ☐ No ☐

5. Is there advertising on one side? _____ Both sides? _____

6. Do lights beam on to any residential structure/s or into a residential district? Yes ☐ No ☐

7. Will electrical be needed? If yes, need to apply for electrical permit. Yes ☐ No ☐

Below, please choose all that apply:

- | | | | |
|---------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Single Face | <input type="checkbox"/> Double Face | <input type="checkbox"/> Facial (Painted/Affixed) |
| <input type="checkbox"/> Wall | <input type="checkbox"/> Illuminated | <input type="checkbox"/> Awning/Canopy | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Freestanding | <input type="checkbox"/> Other _____ | | |

For Illuminated signs:

Describe the number of lights, type, placement, wattage and shielding mechanism.

Will the sign have flashing lights? Yes ☐ No ☐

Dimensions of new sign/s: Length_____ Width_____ Height_____

For wall, awning/canopy or marquee signs:

Description of sign

Dimensions of new sign/s: Length_____ Width_____ Height_____

No signs may be erected until the County has approved and a sign permit has been issued.

It is advisable not to order your sign until all approvals are obtained.

Street Frontage		Length	
Front Setback		Width	
Rear Setback			
Left Setback			
Right Setback			
Stake Date		Estimate Project Cost	
Estimate Start Date		Estimate End Date	
Please attach site plan of scope of work being conducted			

Please draw a site plan:

- 1. Indicate the location of the sign on the subject property.**
- 2. Show setback measurements.**
- 3. Show other structures, etc. that are on the subject property, in relation to the sign/s.**

Please indicate the North point.

I certify that I am the owner or representative of the property which is the subject of this application, I hereby consent to the making of this application and the approval of the plans submitted herewith. I further consent to the inspection of this property in connection with this application as deemed necessary by the County agency. As the property owner or representative I assume the responsibility of locating any property lines, setback lines, easements, right of way, flood areas, etc., any construction within these areas may result in removal at the owner's or representative's expense. A Zoning Permit is valid for a period of six (6) months from date of approval and construction must commence and be worked on diligently thereafter or this permit may be canceled upon notification by the Zoning Administrator unless a written request is submitted to the Zoning Department within fourteen (14) days prior to expiration.

Applicant Signature	Applicant Printed Name	Date
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Applicant is: ☐ Building/property owner ☐ General Contractor Representative ☐ Tenant
 ☐ Other _____

If not the property owner, an affidavit is required with parties signatures (owner/s and contractor) stating aware that a building permit is being applied for.

OFFICE USE ONLY

Commercial: \$100.00 per sign

PERMIT FEE:	
PENALTY FEE:	
TOTAL FEE:	